



**PET ADOPTION APPLICATION**

Lee County Domestic Animal Services  
5600 Banner Drive, Fort Myers, FL 33912,  
Phone: (239) 533-PETS

Person ID # \_\_\_\_\_  
**Approved**  Yes  No  
**Pended**  Yes  No  
CSS Initials \_\_\_\_\_

[www.LeeLostPets.com](http://www.LeeLostPets.com)

**PLEASE PRINT LEGIBLY**

First, Middle, Last Name		Home Phone ( ) -					
Address	Apt. #	Cell Phone ( ) -					
City/St/Zip		Alt. Phone ( ) -					
Driver's License #		Email:					
What are you looking to adopt? <input type="checkbox"/> Cat/Kitten <input type="checkbox"/> Dog <input type="checkbox"/> Puppy <input type="checkbox"/> Animal ID: A							
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with Parents <input type="checkbox"/> Live on Campus <input type="checkbox"/> Other:							
Do you plan to move within 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No							
List all members living in household:							
First and Last Name		D.O.B.					
First and Last Name		D.O.B.					
First and Last Name		D.O.B.					
First and Last Name		D.O.B.					
First and Last Name		D.O.B.					
Would you like a co-owner for your pet? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:							
Are you claiming a Public Records Exemption under F.S. 119? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, you must provide proof of exemption to Animal Services							
Please list all pets currently in your household and/or owned in the past 5 years.							
Name	Breed	Color	Age	Sex S/N?	Inside/Outside	Where is pet now?	Rabies vaccine current?
Name of current Veterinarian or Veterinary Clinic:							
Where will the pet be housed during the day?				Where will the pet be housed over night?			
How will you keep pet confined on your property?							

How often do you vaccinate and license your pet?

Do you allow your pet off-leash off your property?  Yes  No

Who will be responsible for the pet?

Additional information you would like to share:

PLEASE INITIAL BELOW STATEMENTS:

\_\_\_\_\_ I authorize the release of veterinarian information related to my current and past pets.

\_\_\_\_\_ I understand veterinary and nutritional care may cost over \$2000 annually and accept this financial responsibility.

\_\_\_\_\_ I understand a pet can live up to 20 years and will be responsible to ensure my pets are cared for upon my death.

\_\_\_\_\_ I understand an inspection of my premises may be conducted by LCDAS.

\_\_\_\_\_ I understand LCDAS reserves the right to refuse any application considered unsatisfactory for any reason.

\_\_\_\_\_ I certify that all the information on this application is true and any false information may void this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date